

Case Number:	CM13-0040793		
Date Assigned:	12/20/2013	Date of Injury:	02/23/2007
Decision Date:	05/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old female who reported an injury on 02/23/2007. The mechanism of injury involved heavy lifting. Current diagnoses include herniated cervical disc with radiculopathy, right shoulder impingement syndrome and tendonitis, facet joint hypertrophy of the lumbar spine, symptoms of anxiety and depression, and symptoms of insomnia. This is a retrospective review for the Toradol 60 mg injection administered on 09/13/2013. The injured worker was evaluated on 09/13/2013. The injured worker reported persistent cervical spine pain rated 9/10 with difficulty sleeping and activity limitation. Physical examination revealed limited cervical range of motion with 2+ spasm at the upper trapezius bilaterally. Treatment recommendations at that time included an MRI of the cervical and lumbar spine, electrodiagnostic studies in bilateral upper extremities, a cervical spine pillow, and a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE REQUEST: TORADOL 60MG, ONE INJECTION GIVEN ON 09/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. California MTUS Guidelines further state Toradol is not indicated for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.